MDR: M4-03-5884-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on April 21, 2003.

## I. DISPUTE

Whether there should be reimbursement for CPT Code 29840 for date of service June 27, 2002.

## II. RATIONALE

• CPT Code 29840 denied as "F, 906 – Reduced According to Fee Guideline, G Unbundling: Treatment/service included in another billed procedure". Per the 1994 Global Service Data for Orthopedic Surgery, pg. v and 2002 Global Service Data for Orthopedic Surgery, pgs. 440, 462, 494 and 501, arthroscopy is not considered global to the primary procedure. Per Rule 133.305(e)(1)(D) operative report supports delivery of service. Reimbursement in the amount of \$728.00 is recommended.

## III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 29840 in the amount of \$728.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit \$728.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 15th day of April 2004.

Marguerite Foster Medical Dispute Resolution Officer Medical Review Division

MF/mf